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May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000004438 (3)

1. Corporation Name  
ELSWORTH HEARING AID CENTER, INC.



Principal Place of Business: 578 1ST AVENUE NORTH ST. PETERSBURG FL 33701  
Mailing Address: 578 1ST AVENUE NORTH ST. PETERSBURG FL 33701-3702

3. Date Incorporated or Qualified: 01/09/1996  
3a. Date of Last Report: \_\_\_\_\_  
4. FEI Number: \_\_\_\_\_ Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: \_\_\_\_\_ 22 City & State: \_\_\_\_\_ 23 Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
2a. Mailing Address: 26 Suite, Apt. #, etc.: \_\_\_\_\_ 27 City & State: \_\_\_\_\_ 28 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELSWORTH, FOREST  
578 1ST AVENUE NORTH  
ST. PETERSBURG FL 33701

81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_ FL 85 Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
1. TITLE: D  DELETE  
NAME: ELSWORTH, FOREST  
STREET ADDRESS: 578 1ST AVENUE NORTH  
CITY-ST-ZIP: ST. PETERSBURG FL 33701  
2. TITLE: *PHYS* BARBARA TICIPOLI  DELETE  
NAME: BARBARA TICIPOLI  
STREET ADDRESS: 578 1st Ave N  
CITY-ST-ZIP: ST PETERSBURG FL 33701  
3. TITLE: \_\_\_\_\_  DELETE  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_  
4. TITLE: \_\_\_\_\_  DELETE  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_  
5. TITLE: \_\_\_\_\_  DELETE  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: \_\_\_\_\_  Change  Addition  
1.2 NAME: \_\_\_\_\_  
1.3 STREET ADDRESS: \_\_\_\_\_  
1.4 CITY-ST-ZIP: \_\_\_\_\_  
2.1 TITLE: \_\_\_\_\_  Change  Addition  
2.2 NAME: \_\_\_\_\_  
2.3 STREET ADDRESS: \_\_\_\_\_  
2.4 CITY-ST-ZIP: \_\_\_\_\_  
3.1 TITLE: \_\_\_\_\_  Change  Addition  
3.2 NAME: \_\_\_\_\_  
3.3 STREET ADDRESS: \_\_\_\_\_  
3.4 CITY-ST-ZIP: \_\_\_\_\_  
4.1 TITLE: \_\_\_\_\_  Change  Addition  
4.2 NAME: \_\_\_\_\_  
4.3 STREET ADDRESS: \_\_\_\_\_  
4.4 CITY-ST-ZIP: \_\_\_\_\_  
5.1 TITLE: \_\_\_\_\_  Change  Addition  
5.2 NAME: \_\_\_\_\_  
5.3 STREET ADDRESS: \_\_\_\_\_  
5.4 CITY-ST-ZIP: \_\_\_\_\_  
6.1 TITLE: \_\_\_\_\_  Change  Addition  
6.2 NAME: 600002172816  
6.3 STREET ADDRESS: -05/09/97--01024--050  
6.4 CITY-ST-ZIP: \*\*\*165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *F. Mortham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 25-1997  
813-823-8393  
Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E034 (9/96)